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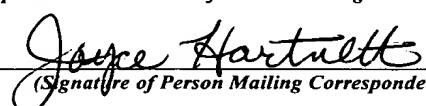
GP 1617

<b>CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)</b> Applicant(s): <b>DOW, Gordon J., et. al.</b>			Docket No. <b>PU3556USW</b>	
Serial No. <b>09/830,037</b>	Filing Date <b>April 20, 2001</b>	Examiner <b>S. Hui</b>	Group Art Unit <b>1617</b>	
Invention: <b>FLUTICASONE LOTION HAVING IMPROVED VASOCONSTRICTOR ACTIVITY</b>				




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I hereby certify that this **Amendment Under 35 USC 115**  
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 is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under  
 37 CFR 1.10 in an envelope addressed to: The Commissioner of Patents and Trademarks, Washington, D.C.  
 20231-0001 on *October 18, 2001*  
(Date)

**Joyce Hartnett**  
(Typed or Printed Name of Person Mailing Correspondence)  
  
(Signature of Person Mailing Correspondence)

**EL395941565US**

 <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): <b>DOV, Gordon J., et. al.</b>				Docket No. <b>PU3556USW</b>	
Serial No. <b>09/830,037</b>		Filing Date <b>April 20, 2001</b>		Examiner <b>S. Hui</b>	
Group Art Unit <b>1617</b>					
Invention: <b>FLUTICASONE LOTION HAVING IMPROVED VASOCONSTRICTOR ACTIVITY</b>					
<b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	24 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____            A duplicate copy of this sheet is enclosed.  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1392</b>            A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.         </div> <div style="text-align: right;">           Dated: <i>October 18, 2001</i> </div> </div> <div style="margin-top: 20px;">   <b>Christopher P. Rogers</b>  <b>Registration No. 36,334</b>  <b>Tel: 919/483-1240 Fax: 919/483-7988</b> </div> <div style="text-align: center; margin-top: 20px;">   <b>23347</b>  <small>PATENT TRADEMARK OFFICE</small> </div>					
<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Signature of Person Mailing Correspondence       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Typed or Printed Name of Person Mailing Correspondence       </div>					

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Dow et al. )

Serial No.: 09/830,037 )

Filing Date: 20 April 2001 )

Title: Fluticasone Lotion Having Improved Vasoconstrictor Activity )

Examiner: Hui, S.

Art Unit: 1617

Docket No.: PU3556USW

AMENDMENT UNDER 35 USC 115

Commissioner for Patents  
Washington D.C. 20231

Sir:

Kindly amend the application as set forth herein. Regarding the claims, clean and marked-up versions of the amended claims is provided herein. Kindly substitute the clean version of the amended claims for the pending claims having the same claim number.

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